



Prairie View Police Department

P.O. Box 817, Prairie View, TX 77446
(936) 857-3521-Phone ~ ~ (936) 857-5955-Fax

Open Records Request Form

Today's Date: _____

Case Number: _____

Date of Incident/Accident: _____

Type of Report Requested: Accident

Incident

Driver: _____

Type of Incident: _____

Location: _____

Location: _____

Name of Person Involved in Accident/Incident: _____

Signature of Person Requesting

Address – Including City, State and Zip Code

Printed Name of Person Requesting

Phone Number

Do Not Write Below This Line - Official Use Only

Request Received by: _____

Date: _____

Date Information Released: _____

Released by: _____

Necessary for Review by City Attorney Yes No

Ruling Required from Attorney General Yes No

Acceptable Methods for Submitting Requests

The request form should be signed by the requestor, provide their printed name, current address, and a phone number where the requestor can be reached. The form may be submitted in one of several ways: in person at the Prairie View Police Department, via fax at (936) 857-5955, via mail to P.O. Box 817, Prairie View, Texas 77446 or via email to ptisdell@prairieviewtexas.gov.